

June 8, 2005

**MINUTES****THE STATE MEDICAL BOARD OF OHIO****June 8, 2005**

Andrew F. Robbins, Jr., M.D., Vice-President, called the meeting to order at 1:00 p.m., at the Vern Riffe Center for Government and the Arts, 77 S. High St., Columbus, Ohio 43215, Room #1932, with the following members present: Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; Nandlal Varyani, M.D.; David S. Buchan, D.P.M.; Deepak Kumar, M.D.; R. Gregory Browning, Ph.D.; Anquetette Sloan; and Kamala Saxena, M.D. The following joined the meeting at a later time: Carol L. Egner, M.D. The following did not attend the meeting: Patricia J. Davidson, M.D., President, and Anita M. Steinbergh, D.O.

Also present were: Richard A. Whitehouse, Executive Director; William J. Schmidt, Assistant Executive Director; Diann K. Thompson, Assistant Executive Director; Terrill D. McLaughlin, Assistant Director, Investigations; Lauren Lubow, Senior Executive Staff Attorney; Lori S. Gilbert, Chief Enforcement Attorney; Mark R. Blackmer, Marcie P. Pastrick, Sallie J. Debolt, David P. Katko, Rebecca J. Marshall, Karen H. Mortland, Kathleen S. Peterson and Charles A. Woodbeck, Enforcement Attorneys; Rebecca J. Albers, Kyle C. Wilcox, and Tara L. Berrien, Assistant Attorneys General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Coordinator for Assessment and Development; Danielle Bickers, Compliance Officer; Barbara Jacobs, Public Services Administrator; Jacqueline A. Moore, Disciplinary Information Assistant.

**EXECUTIVE SESSION**

**MR. ALBERT MOVED THAT THE BOARD DECLARE EXECUTIVE SESSION TO CONFER WITH THE ATTORNEY GENERAL'S REPRESENTATIVES ON MATTERS OF PENDING OR IMMINENT COURT ACTION. DR. KUMAR SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye
	Dr. Robbins	- aye

The motion carried.

Pursuant to Section 121.22(G)(3), Revised Code, the Board went into executive session.

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Dr. Egner joined the meeting after the executive session.

The following joined the meeting after the executive session: R. Gregory Porter, Chief Hearing Examiner; and Patricia A. Davidson and Sharon W. Murphy, Hearing Examiners.

## MINUTES REVIEW

**MR. BROWNING MOVED TO APPROVE THE MINUTES OF MAY 18-19, 2005. DR. SAXENA SECONDED THE MOTION.**

Dr. Kumar advised that part of a paragraph on page 15 did not print out. He advised that he spoke with Ms. Schmidt about this problem, and she corrected it.

A vote was taken on Mr. Browning's motion:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye
	Dr. Robbins	- aye

The motion carried.

## REPORTS AND RECOMMENDATIONS

Dr. Robbins announced that the Board would now consider the findings and orders appearing on the Board's agenda. He asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the matter of Buckeye Urology and Andrology. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye

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Ms. Sloan           - aye  
Dr. Saxena         - aye  
Dr. Robbins         - aye

BUCKEYE UROLOGY & ANDROLOGY

Dr. Robbins directed the Board's attention to the matter of Buckeye Urology & Andrology. He advised that no objections were filed to Hearing Examiner Murphy's Report and Recommendation. Dr. Robbins further advised that, as this is a licensure credentials matter, the Secretary and Supervising Member may participate in the discussion and vote.

**MR. BROWNING MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER IN THE MATTER OF BUCKEYE UROLOGY & ANDROLOGY. DR. KUMAR SECONDED THE MOTION.**

Dr. Robbins stated that he would now entertain discussion in the above matter.

Dr. Kumar stated that he has looked over this Report and Recommendation and agrees with many things to which the State's expert, G. Mark Seal, M.D., testified, but he has a different opinion on the conclusions. Dr. Kumar stated that he agrees with Dr. Seal that, technically, doing an ultrasound guided prostatic biopsy is not that big of a deal. All you have to do is aim at the object, give the trigger a squeeze, and you have a biopsy within one or two seconds. But things actually go beyond that. You have to survey the whole field, and that's why Dr. Seal suggested that the physician needs to do the ultrasound of the whole prostate to survey the whole field.

Dr. Kumar asked the Board to imagine: The physician comes in, does the ultrasound, walks out, and now he is allowing the P.A. to not only do the ultrasound again, but survey the whole field and also choose the spots from which the biopsy is to be taken. Dr. Kumar stated that this is not simply a one-way image seen on the ultrasound. There are machines that give longitudinal and transverse images, but they are not simultaneously visible and you're not getting a 3-D view of the whole thing. The chances of missing a lesion are really great if it is done by somebody who is not experienced and who does not have the judgment to do these biopsies.

Dr. Kumar stated that, as Dr. Seal pointed out, these are possible cancer patients, and they need more than someone just technically taking a biopsy. They need someone who can make decisions at the time the biopsy is being done.

Dr. Kumar stated that he does transrectal ultrasound-guided biopsies of lesions that are around the rectum for lymph nodes, using the same kind of equipment as used by Buckeye Urology and Andrology. Half the time, when you try to do that, you think you're aimed right at the spot, you fire it, and what you get back is nothing but fat. You're not dealing with a 3-D image. You're dealing with an image that is on one plane. Trying to hit the exact spot is difficult. Dr. Kumar stated that that's why he agrees with Dr. Seal's statement that once the tissue is removed, the physician should be examining the tissue to make sure it's

adequate and is actually the prostate you're getting rather than getting anything else.

Dr. Kumar stated that, if the Board approves the Report and Recommendation as written, and the P.A. does the biopsy, the physician may look at the tissue and say it's inadequate and he needs to biopsy segment X, Y or Z again; there is another dilemma. Because the puncturing has been done, almost ten to twelve times, the image on the screen will be almost totally distorted because of bleeding and edema caused by the repeated puncturing of the prostate gland. If the Board allows the P.A. to do the prostatic biopsy totally independently, even though it is under onsite supervision, there will be more likelihood of missing a pathology, more likely false negative reports, as well as putting the patient in an unnecessary time frame of risk. Dr. Kumar stated that the ultrasound is being done two or three times, and the opening of the rectum is not being numbed. They're only numbing the prostate. Doing the procedure over and over will subject the patient to an increased amount of pain.

Dr. Kumar gave another example of why this procedure should not be done by a P.A. If a female patient finds a small microcalcification of the breast, you need to do a stereotactic guided biopsy. Would a P.A. be allowed to do that?

Dr. Kumar stated that he is not in favor of the way this Proposed Order is written. He would speak in favor of total denial, but the least he will accept is direct, on-site supervision.

Dr. Talmage stated that he would agree with Dr. Kumar's scientific analysis of the process. To amplify what Dr. Kumar stated about a stereotactic biopsy, Dr. Talmage stated you have a static lesion during that procedure. You fire the biopsy needle, the lesion is not moving, nor is the machine moving; whereas, with prostatic biopsies, you're hand-holding the probe and that probe has to be aimed. It's a real-time aiming, and you have to have it right where you want it at the time you fire it. Dr. Talmage stated that it is his understanding that the identification of the point where you do the biopsy is the critical issue. They typically take some 20 to 30 films or photographs under ultrasound guidance simply to zero in on the lesion that they wish to biopsy. The biopsy is then carried out under real-time imaging, which is, in fact, two-dimensional.

Dr. Talmage stated that another issue that is a concern, and one which he doesn't fully understand, is that this application requests approval for the P.A. to administer local anesthesia. Dr. Talmage stated that most urologists do not do any anesthesia at all. The firing of the biopsy hollow needles is quick and hurts a little bit, but it hurts no more than injecting the local anesthetic. In fact, there's a vein plexus outside the prostate that, if you accidentally get into and do an intravenous injection, you actually have a slight risk of lidocaine toxicity. Dr. Talmage again stated that it is his understanding that the vast majority of urologists do not use local anesthesia. If they do, that is not a privilege that can be granted to a P.A. under the Board's current rules. The urologist would, in fact, have to inject the local anesthetic before the P.A. could do the biopsy, if that's how they chose to do it.

Dr. Talmage stated that he has crafted an amendment to address that, if it is the desire of the Board to pass the remainder of this recommendation. Dr. Talmage noted that, in the past, he has been fairly liberal as far as P.A. privileging, but he does not feel comfortable approving this privilege.

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Dr. Talmage suggested amending the Proposed Order by adding the following as paragraph 1.j.: “If the physician determines that a biopsy should be performed and determines that a local anesthetic is necessary, the physician shall administer the local anesthetic needed for performance of the biopsy.”

Mr. Albert stated that he’s been the recipient of one of these tests, and he chose the very best urologist he could find, and the urologist performed the procedure. He found out that he had a very serious cancer. Mr. Albert noted that prostate cancer kills a lot of people in this country. He stated that he didn’t have any anesthetic during the procedure. Mr. Albert stated that he’s still undergoing treatment, and he will be for quite a while. Mr. Albert stated that he would not have wanted a P.A. to do that procedure. There’s too great of a chance of missing something that will cost the patient his life. Mr. Albert stated that there are just certain things that need to be done by a physician, and you go to a urologist because you have faith in him. You have faith that you’ll get the best treatment available. He commented that you can train anybody to do anything, but, certainly, if you want confidence that you’re receiving the best treatment there is, the test should be done by a physician. If the physician doesn’t have the time to do it, then you need to go to somebody else. Mr. Albert stated that had there been a P.A. in the room to test him, he would have left. There’s plenty for P.A.s to do, but there are certain things that are not within the scope of practice of a P.A. He is not in favor of turning something like this over to a P.A.

Dr. Kumar stated that he agrees that the local anesthetic should be given by a physician. If the physician has to do the initial ultrasound, and the physician has to give the local, beyond that, finding the real time, it doesn’t take more than three or four minutes. He asked what time the physician saves by allowing the P.A. to do the whole thing.

**DR. KUMAR MOVED TO AMEND THE PROPOSED ORDER IN THE MATTER OF BUCKEYE UROLOGY AND ANDROLOGY BY SUBSTITUTING AN ORDER OF DENIAL. DR. BUCHAN SECONDED THE MOTION.**

Dr. Robbins stated that he would now entertain discussion in the above matter.

Dr. Egner stated that she thinks it also goes to the seriousness of the diagnosis. When a patient comes and is looking for a diagnosis of whether or not he or she has cancer, the gravity of the diagnosis must be considered, and not just whether the test is technically capable of being done by someone else. Her feeling is that the person who’s going to do the testing should also be the person who’s going to do the treating. Dr. Egner stated that she is certainly capable of doing a breast biopsy. She could learn to do a stereotactic biopsy, but she’s not going to treat the breast cancer. Dr. Egner stated that when she first started in practice, many gynecologists did breast biopsies. They don’t do them anymore because the appropriate person to do that is the person who is going to lead that patient down the road of their diagnosis, evaluation and treatment. If the Board’s mission is to protect the public, she really does feel that it is in the best interest of the public that, when you have a serious diagnosis being made, whether it be cancer, Alzheimer’s, or something else with long term evaluation and management, it needs to be done by the physician. She stated that she doesn’t think that it’s fair to the patient to have someone doing the diagnosis who hasn’t gone through the full training for the patient’s treatment.

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Dr. Saxena noted that, in his testimony, Dr. Seal indicated that the physician determines the appropriate biopsy sites. Dr. Saxena added that the physician is giving the local anesthetic. She doesn't understand why the P.A. comes in just to do the biopsy. The biopsy site cannot be determined by the P.A.

Dr. Talmage stated that he totally agrees with Dr. Egner's comments, and to follow on with them, the Board has denied other biopsies in the case of cancer, such as skin biopsies, or superficial connective tissue biopsies for the same reason. The key issue is not the technique of doing the biopsy, which is easily taught, it is the identification of a lesion and where to take that biopsy. That is the critical decision process which he thinks in this case, and in those cases that have established precedent, needs the full training and observational skills of a physician to identify the proper portion of the lesion from which the biopsy is to be taken. Because this is a real-time identification, the hand placement of the needle obturator over the lesion at the proper depth is critical for the diagnosis. If you're off one millimeter, the patient still has cancer, and you don't know it. Dr. Talmage stated that you don't have a large margin of error. He stated that if the motion is to deny, he will not submit his amendment, because it makes no sense.

Dr. Buchan stated that he agrees with Dr. Kumar, and with the others who have spoken. He stated that this isn't a technical issue for him, it's really an issue of judgment and academics. He personally thinks that the citizens of this state need a multi-year trained individual to do this type of procedure. The consequences of a failed procedure or a misdiagnosis, even in the best of hands, is just too grave, too severe, to allow anybody but a multi-year trained individual to do this type of procedure. A urologist is best serving the public in this case. Dr. Buchan stated that he has no qualms or reservations about denying this request. He added that he does believe that Dr. Seals has described this as a surgical procedure and the Board has no recourse but to deny the request.

Dr. Kumar stated that the physician used to identify the lesion; however, unfortunately, many times when these prostatic biopsies are being done, there are no lesions. The ultrasound is totally normal, you really don't see a thing. It's not just a matter of identifying the lesion to go after to biopsy, you have to do almost twelve quadrants of the small gland, quadrant by quadrant. Dr. Kumar stated that it's very easy for someone who is not experienced to miss something.

A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye
	Dr. Robbins	- aye

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The motion carried.

**MR. BROWNING MOVED TO APPROVE AND CONFIRM MS. MURPHY'S PROPOSED FINDINGS OF FACT, CONCLUSIONS, AND ORDER, AS AMENDED, IN THE MATTER OF BUCKEYE UROLOGY AND ANDROLOGY. MS. SLOAN SECONDED THE MOTION. A vote was taken:**

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye
	Dr. Robbins	- aye

#### FINDINGS, ORDERS AND JOURNAL ENTRIES

##### BROOKE MARIE LOWRY, M.D.

Dr. Robbins advised that the matter of Brooke Marie Lowry, M.D., has been pulled from today's agenda at staff's request. It will be considered at a later time.

##### DANIEL DAVID SEMKO, D.P.M.

Dr. Robbins advised that, by letter of April 13, 2005, the Board issued a Notice of Opportunity for Hearing to Dr. Semko, based upon his conviction in the U.S. District Court for the Western District of Virginia, Roanoke Division, of one felony count of fraud by wire, radio or television, and upon disciplinary actions taken by the Indiana Board of Podiatric Medicine against Dr. Semko's Indiana medical license. Said notice was mailed via certified mail, return receipt requested, to Dr. Semko's address of record. A signed certified mail receipt was returned to the Medical Board documenting proper service of the notice; however, no hearing request has been received from Dr. Semko and more than 30 days have now elapsed since the mailing of the notice. This matter was presented to the Board for final disposition.

**DR. BUCHAN MOVED TO FIND THAT THERE IS RELIABLE, PROBATIVE AND SUBSTANTIAL EVIDENCE TO SUPPORT THE ALLEGATIONS CONTAINED IN THE APRIL 13, 2005 NOTICE AND TO ENTER AN ORDER OF PERMANENT REVOCATION, EFFECTIVE IMMEDIATELY. DR. KUMAR SECONDED THE MOTION.**

Dr. Kumar noted that Dr. Semko was convicted on one felony count for fraud. The Indiana Board also

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took action against Dr. Semko's license. Dr. Semko did not request a hearing. The Board has no other choice but to revoke Dr. Semko's license, effective immediately.

Dr. Buchan stated that the only question is whether the revocation should be permanent. His motion is to permanently revoke Dr. Semko's license, based upon the felony count. Dr. Buchan stated that he doesn't think that Dr. Semko has a place for licensure in the State of Ohio.

Dr. Kumar agreed.

A vote was taken on Dr. Buchan's motion:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

#### CITATIONS, LETTERS OF PROPOSED DENIAL AND ORDERS OF SUMMARY SUSPENSION

##### STEVE AMOILS, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. KUMAR MOVED TO SEND THE CITATION LETTER TO DR. AMOILS.**

**MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

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The motion carried.

DAVID ANDREW DOUGHERTY, D.O. – ORDER OF SUMMARY SUSPENSION AND NOTICE OF OPPORTUNITY FOR HEARING

At this time the Board read and considered the proposed Order of Summary Suspension and Notice of Opportunity For Hearing in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. EGNER MOVED TO ENTER AN ORDER OF SUMMARY SUSPENSION IN THE MATTER OF DAVID A. DOUGHERTY, D.O., IN ACCORDANCE WITH SECTION 4731.22(G), OHIO REVISED CODE, AND TO ISSUE THE NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

PAUL EVAN KELNER, M.D. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. KUMAR MOVED TO SEND THE CITATION LETTER TO DR. KELNER. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye

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Dr. Saxena - aye

The motion carried.

RANDALL DON LEUVOY, D.O. – CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. KUMAR MOVED TO SEND THE CITATION LETTER TO DR. LEUVOY.  
MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

RATIFICATION OF CONSENT AGREEMENTS

JOSE O. MARTINEZ, M.D.

**DR. BUCHAN MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH  
DR. MARTINEZ. MS. SLOAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

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PAULA CLARK ADKINS, M.D.

**DR. BUCHAN MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. ADKINS. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

JAMES ROBERT BROWN, JR., M.D.

**DR. KUMAR MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. BROWN. DR. BUCHAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

STEPHEN ROBERT GIORDANO, M.D.

**DR. KUMAR MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. GIORDANO. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye

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Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Saxena	- aye

The motion carried.

TAMMY MARIE HABERBERGER, D.O.

**DR. BUCHAN MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. HABERBERGER. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

STEPHEN B. LEVITT, M.D.

**DR. BUCHAN MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. LEVITT. MS. SLOAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- abstain
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye
	Dr. Robbins	- aye

The motion carried.

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JUAN CARLOS MEJIA, M.D.

**DR. BUCHAN MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. MEJIA. MS. SLOAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

MARK STEPHEN MCALLISTER, M.D.

**DR. KUMAR MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. MCALLISTER. DR. BUCHAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

THOMAS G. OLSEN, M.D.

**MR. BROWNING MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. OLSEN. MS. SLOAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye

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Dr. Buchan	- aye
Dr. Kumar	- abstain
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Saxena	- aye
Dr. Robbins	- aye

The motion carried.

BARBARA JEAN WILLOWS, D.O.

**MR. BROWNING MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. WILLOWS. DR. KUMAR SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

JEFFREY DOWNES BAIRD, JR., M.D.

**MR. BROWNING MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. BAIRD. DR. BUCHAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

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Dr. Robbins asked for a motion to table the topic of Consent Agreements until the following morning.

**MR. BROWNING MOVED TO TABLE THE CONSIDERATION OF FURTHER CONSENT AGREEMENTS UNTIL THE FOLLOWING DAY, AFTER THE DISCUSSION OF REINSTATEMENT REQUESTS. MS. SLOAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

ADOPTION OF RULES 4731-2-01, 4731-6-14, 4731-7-01, 4731-8-01, 4731-15-01, AND 4731-19-05

At this time the Board reviewed the Hearing Examiner's Report of the May 2, 2005 Administrative Rules Hearing and considered the proposed Findings and Order in the matter of adoption of proposed rules 4731-2-01, 4731-6-14, 4731-7-01, 4731-8-01, 4731-15-01, and 4731-19-05. It was noted that these rules were initially reviewed pursuant to the five-year rule review requirements of the statutes. It was also noted that the recommended revisions to all but rule 4731-2-01, for which there were no recommended changes, were previously discussed by both the Legislative Liaison and Rules Committee and the full Board. No revisions were made subsequent to the previous Board discussions.

**MR. BROWNING MOVED THAT THE FINDINGS AND ORDER IN THE MATTER OF THE ADOPTION OF PROPOSED RULES 4731-2-01, 4731-6-14, 4731-7-01, 4731-8-01, 4731-15-01, AND 4731-19-05, AS CONSIDERED AND INCORPORATED INTO THE JOURNAL OF THE STATE MEDICAL BOARD OF OHIO FOR THIS 8TH DAY OF JUNE 2005, BE ADOPTED AS THE FINDINGS AND ORDER OF THE BOARD IN RELATION TO THE PROPOSED RULES CITED THEREIN, AND THAT THE STAFF PROCEED TO FILE THE FINAL RULE IN ACCORDANCE WITH THE PROVISIONS OF SAID FINDINGS AND ORDER. MS. SLOAN SECONDED THE MOTION. MS. SLOAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye

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Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Saxena	- aye
Dr. Robbins	- aye

The motion carried.

At this time, 1:51 p.m., it was noted that the only remaining item on the day's agenda is personal appearances, which were scheduled to begin at 2:30 p.m.

**DR. VARYANI MOVED TO RECESS UNTIL 2:30 P.M. DR. BUCHAN SECONDED THE MOTION.** All members voted aye. The motion carried.

Dr. Robbins called the meeting back to order at 2:35 p.m. with all members previously in attendance still present.

#### PERSONAL APPEARANCES

##### ROBERT F. LINN, D.O.

Dr. Linn appeared before the Board pursuant to his request for release from the terms of his June 11, 2003 Consent Agreement. If approved, release from probation would become effective June 11, 2005.

Dr. Linn began his appearance by apologizing to the Board, stating that he has been informed that his psychiatrist and his treating psychologist had not yet submitted recent reports. He indicated that he would get those reports faxed to the Board later in the day or the following day.

In response to Dr. Kumar's questions, Dr. Linn stated that he is doing very well. He's staying busy with work and practice. Dr. Linn stated that he knows that the Board had been concerned with his going into his own private practice and not being part of a group, but things are going extremely well, and they're considering hiring a nurse practitioner or resident, with some backing through Kettering or Grandview.

Dr. Kumar noted that reports indicate that Dr. Linn hasn't felt that the Board has been his advocate and that, after Dr. Linn had left a meeting, he felt that he had been treated like a bad person. He asked Dr. Linn to elaborate on that.

Dr. Linn stated that, on one particular visit, he may have voiced his concerns more than he should have. He had done wrong and he is sorry, and his wife and he have done things to move on. He and his wife are closer than they have ever been, and he's closer to God and his faith than he's ever been, which he thinks is going to be important in moving on. Dr. Linn stated that he thinks that many of the visits have focused on labeling him as a particular type of person. Dr. Linn stated that he doesn't want to go into specific details or talk about any particular Board member. Dr. Linn stated that he's a good person, a hard-working person, and there were many times he left an office conference not feeling encouraged or supported. Nor

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did he feel that it was acknowledged that he is in therapy, that things are progressing well and that he's working hard. He left feeling that the meeting was a reminder of what he'd done, being told that those present couldn't understand why he'd done that and that they would never do that.

Dr. Kumar stated that this process is for Dr. Linn to get better and to help him get better. He added that, hopefully, after today, Dr. Linn will feel much better.

Dr. Linn stated that he does, and he agreed with Dr. Kumar. He noted that, overall, the Board has succeeded. The overall goal was to improve his overall wellbeing and the quality of his life. He noted that the Board is here to protect the public, and it succeeded. He's been going to therapy every two weeks, he sees a psychiatrist regularly. He and his wife have been in counseling every two weeks. His problem is that he's the one who had some problems with anger over some issues. Dr. Linn stated that he is working and will always work to keep that in check and to improve himself.

Dr. Kumar asked whether Dr. Linn plans to continue with his treatments.

Dr. Linn stated that he does. Dr. Linn added that he has every intention of continuing to see his therapist. He had mentioned that he may not continue seeing him every two weeks for a while, but he would like to see his therapist every month. Dr. Linn added that he will continue to see his psychiatrist for medication regularly.

Mr. Albert stated that Dr. Linn may be referring to him when he spoke earlier. He stated that when Dr. Linn made his appearances, he did pay particular attention as to how Dr. Linn got along with his wife and family because a lot of his problems were centered around domestic violence. He reminded Dr. Linn that, at his first appearance before the Board, the Board members spoke about his relationship with his wife, and about his wife working in his office. He stated that he sees 35 to 40 probationers a month, and he is concerned about each probationer's recovery. He added that the Board's concerns go beyond Dr. Linn's practice. The concerns include his relationship with his spouse and family. He stated that the Board monitors physicians who are divorced, and he still asks about the physician's relationship with the former spouse and how the physician interacts with his or her children. Mr. Albert stated that Dr. Linn may have resented that, but answering those questions is part of his recovery.

Mr. Albert stated that he wants Dr. Linn to get out there, to succeed and to have a good practice. Dr. Linn was struggling with his practice. He's asked how many children Dr. Linn is supporting. Mr. Albert stressed that those things are part of Dr. Linn's recovery, and he wishes Dr. Linn well.

Dr. Linn thanked Mr. Albert and said that he appreciates his comments.

Dr. Egner noted that Dr. Linn has said that the Board is not his advocate and, personally, she agrees with that. She's not Dr. Linn's advocate, she's the public's advocate. When the Board has a physician with anger management problems that have been exhibited towards family members, it is only logical to believe that, in all of the stresses of medicine, that physician might also possibly exhibit this anger to co-workers, in hospitals under stressful situations, and with patients. She stated that she hopes that this probation has

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been meaningful for Dr. Linn. She added that the Board takes what it does very seriously. She's not sure that, even today, Dr. Linn understands what the Board's role is. She noted that, if he looks around the room, he won't see a man without a coat and a tie on. That is because of the seriousness of the Board's work. Dr. Egner stated that she's just not sure that Dr. Linn has an honest view of what has occurred during the past few years.

Dr. Linn stated that he has learned one important thing, and he won't try to rewrite what's been done for the past two years, but he has learned one very important thing and that is that if he ever would get involved with this sort of entity, he definitely needs some legal advice and counseling. Dr. Linn stated that there are inaccuracies in what was reported and the consent agreement he signed. He stated that it's too late right now.

Dr. Talmage asked Dr. Linn how many he patients he sees each day whom he asks about domestic violence.

Dr. Linn stated that he has a question concerning domestic violence on his history and physical form, so for every new patient he sees it's a question to which they respond. He's involved in it in that way. He's made many calls to the Artemis Center in Dayton, Ohio, so he's very sensitive to domestic violence. He commented that he had to call Children's Services the other day because there was a mother who was abusive to a child in the office. He takes it very seriously.

Dr. Talmage stated that there is usually not physical evidence to be seen. Every physical exam done should include that same question. He stated that he believes that that is just inherent in good practice, and he wishes that more physicians would do it. He added that with Dr. Linn's background in anger management, he knows how anger enters into things because of stress. He needs to be sure to ask the patients that question. He stated that 95% to 97% of domestic violence is against women, so asking women in the practice would be the appropriate thing to do.

Dr. Buchan stated that he agrees that, if Dr. Linn does come back before the Board, he'd better have counsel. He stated that if he sees Dr. Linn again on charges of domestic violence, or disorderly conduct, as it was reduced to, he will have something stronger to say.

**DR. BUCHAN MOVED TO RELEASE DR. LINN FROM THE TERMS OF HIS JUNE 11, 2003 CONSENT AGREEMENT, SUBJECT TO RECEIPT AND APPROPRIATENESS OF OUTSTANDING DOCUMENTATION. DR. KUMAR SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye

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Mr. Browning        - aye  
Ms. Sloan            - aye  
Dr. Saxena           - aye

The motion carried.

JEFFREY D. NEIDHART, M.D.

Dr. Neidhart appeared before the Board pursuant to his request for release from the terms of his November 17, 1999 Consent Agreement.

In response to Mr. Browning's questions, Dr. Neidhart stated that he is doing very well. He lives in Farmington, New Mexico, and is in practice with two other physicians, one of whom is his father. He works four days a week in hematology/oncology, 9:00 a.m. to 5:00 p.m. He teaches Tae Kwon Do at night. Dr. Neidhart stated that he is before the Board because he had a drinking and drug problem that started at a young age and, obviously, has caused him a lot of trouble. Dr. Neidhart stated that he signed a consent agreement in 1999, but his sobriety date is May 12, 1998. He went through the Talbot program. He also went through a program for the Alabama Board because the State of Alabama doesn't recognize Talbot.

Dr. Neidhart stated that he believes he's doing what he's supposed to do. He attends his meetings, has a sponsor, and he has a home group. He stated that he talks to people, and he's enjoying himself.

Dr. Kumar stated that there was also an issue of the wrong dose of medication in a chemotherapy treatment. He asked how Dr. Neidhart has changed his practice since that episode, and what kind of precautions he now takes to ensure that it doesn't happen.

Dr. Neidhart stated that there are several steps in writing chemotherapy orders, including getting the right dose and the right regimen. They've standardized their orders, so they're on a disc. The standard orders are based on weight, height and body surface area. They were developing that system before, and now it's pretty much all done. The nurses also have a double-check method, so that dosages are checked by the person drawing the medication and again by the person administering the medication. Two of their nurses have been OCN certified, and there are two more to go. He noted that they have all had special training in cancer care.

Dr. Neidhart stated that the key is just telling the person about bad news. Despite all the safeguards in place, there's still the possibility of an error occurring. The question is whether he's able to tell a patient bad news. Dr. Neidhart stated that he can't think of any specific case since his last appearance before the Board where he's had to do that, but he believes he would if he were placed in that situation.

Dr. Kumar asked whether Dr. Neidhart also does chemotherapy treatments in his office.

Dr. Neidhart stated that he only does the treatments in his office. He stated that since he finished training,

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this is the only office in which he's worked, but it is his understanding that most people get chemotherapy in the office.

Dr. Kumar asked whether the practice also has a pharmacist on site to cross-check the drugs.

Dr. Neidhart stated that, according to what he's read, most practices do not hire pharmacists because they're cost prohibitive. He stated that patient safety is a priority, but most practices have trained oncology nurses. They've considered hiring some pharmacists, and he commented that one that applied was a pharmacist that rounded with a team, but she had never mixed up chemotherapy drugs. Their nurses have mixed these since before they went into private practice three years ago. They had another pharmacist who applied for a position, but, again, she had no experience. So the practice has stayed with using oncology nurses.

Dr. Talmage stated that it's great that Dr. Neidhart is acknowledging that he does talk to people about errors, because errors do happen, and many physicians have not adopted that attitude. He asked whether Dr. Neidhart's father has had any health or substance abuse problems.

Dr. Neidhart stated that he's the only one in the family with substance abuse problems. As far as other family members, he doesn't believe that any of them do. He added that there has been suspected alcoholism and two suicides in his family, so there are family issues.

Dr. Talmage commented that Dr. Neidhart's father is obviously aware of his problems.

Dr. Neidhart stated that his staff is also. He stated that he doesn't think that a physician new to the practice has pieced it all together yet, but all of the nurses know, because when he leaves for a meeting at noon or comes to Ohio, they know why. He added that that's the way he likes it; it's a lot easier that way.

Dr. Buchan stated that Dr. Neidhart has a polysubstance abuse history, and he is encouraged to see Dr. Neidhart at the other end of the tunnel and succeeding.

**DR. BUCHAN MOVED TO RELEASE DR. NEIDHART FROM THE TERMS OF HIS NOVEMBER 17, 1999 CONSENT AGREEMENT. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

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The motion carried.

DAVID E. ALLEN, M.D.

Dr. Allen made his initial appearance before the Board, pursuant to the terms of his March 9, 2005 Consent Agreement. Dr. Allen has also requested approval of a treating psychiatrist.

In response to Dr. Varyani's questions, Dr. Allen stated that he is feeling well. He stated that he doesn't think that he has any questions; he's read his consent agreement and, it being his second one, he thinks he understands it.

Dr. Talmage encouraged Dr. Allen to read the agreement a second time. He stated that sitting in on probationary conferences, things still come up with people who have been on probation for two or three years and who didn't remember that something was in the consent agreement.

Dr. Allen stated that he makes a practice of reviewing it every six months or so.

Dr. Kumar asked what got Dr. Allen started on opiates.

Dr. Allen stated that it was a long time ago. There was no injury or physical pain. He became addicted in the day when they gave samples and he used them. He may have been treating emotional pain at the time, he doesn't remember. He had no physical injury.

Mr. Browning asked Dr. Allen what will be different this time around to keep Dr. Allen on the right path.

Dr. Allen stated that he went through a 28-day treatment program at Parkside, and there's a gentleman there who is a relapse expert, and he really learned a lot from that individual. There were things that led to his last relapse. During the course of treatment, the sense was that he hadn't completely grieved the suicide of an ex-wife. Those are things he's looking at with counseling. He feels good about where he is today.

In response to Dr. Saxena's questions, Dr. Allen stated that, if he makes it two more days, he will have been sober for 13 months.

**DR. KUMAR MOVED TO CONTINUE DR. ALLEN UNDER THE TERMS OF HIS MARCH 9, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. DR. KUMAR FURTHER MOVED TO APPROVE MARK S. FETTMAN, M.D., TO SERVE AS DR. ALLEN'S TREATING PSYCHIATRIST. DR. BUCHAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye

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Dr. Talmage	- aye
Dr. Varyani	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Saxena	- aye

The motion carried.

MICHAEL B. BURGHARDT, M.D.

Dr. Burghardt made his initial appearance before the Board, pursuant to the terms of his March 9, 2005 Consent Agreement.

In response to Dr. Buchan's questions, Dr. Burghardt stated that he is doing well and feels very good about himself. His license is currently suspended, and he primarily spends his days in the A.A. program. He talks with his sponsor and works the steps.

Dr. Buchan stated that he remembers Dr. Burghardt from the late 1990s, when the Board released him from probation once before. He asked what brought him back before the Board.

Dr. Burghardt stated that he relapsed in the first week of January. He was approaching 14 years of sobriety on February 21, and he just took control back and said that he could take one drink. He took his one drink, which was about one or two ounces, and the compulsion of his body said that he needed more. Basically, he forgot about the first step.

Dr. Talmage stated that there are some programs that believe that an alcoholic can drink responsibly. He asked whether Dr. Burghardt was encouraged by any of these things or whether he simply thought that after 14 years one drink wouldn't hurt him.

Dr. Burghardt stated that it was, basically, the latter. He stated that his big problem was that he lost contact with the A.A. program and did not utilize his sponsor, and he just took control back. He'd been away from the A.A. program for five or six years. He thought he could do it himself, but today he knows otherwise.

Dr. Buchan asked whether there is anything with which the Board can help Dr. Burghardt. He noted that Dr. Burghardt has been around this block twice before.

Dr. Burghardt stated that he's very well familiar with the Medical Board. He stated that he was here earlier when there were comments about the Board's advocacy and all that, and he knows that the Board is here for him, and he's sure that the Board will guide him into the right parameters of treatment.

In response to further questions by Dr. Buchan, Dr. Burghardt stated that he has submitted his request for

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reinstatement, and Board staff are working with his attorney to get it done.

In response to Dr. Saxena's questions, Dr. Burghardt stated that his family is very supportive. He does have a problem with his wife in the sense that she had been in hospice for about four months as she has a chronic debilitating disease, lupus, fibromyalgia, no thyroid, on steroids, and it's on a day-to-day basis getting medical attention for her. She is very supportive, though, as far as his alcoholism is concerned.

In response to Dr. Talmage's questions, Dr. Burghardt stated that he has a pediatrics practice. He was in active practice when he relapsed, working 80 hours a week.

Dr. Talmage cautioned Dr. Burghardt against overworking.

Dr. Robbins asked how long Dr. Burghardt's wife has been ill.

Dr. Burghardt stated that he thinks she's been ill for a good 20 to 30 years, but nobody put a diagnosis on her. He took her to OSU and she was diagnosed with collective tissue disorder, undifferentiated. They really can't label it as lupus or whatever, it's one of the unknowns. She's on steroids now, but she is bedridden. At one point in time she was using an electric wheelchair, but she can't even get into that now. They have an appointment in a couple of weeks with an arthritis place.

Dr. Robbins noted that Dr. Burghardt has a lot of additional stress on him.

Dr. Burghardt stated that he does have stress, but he's turned it over to his higher power. That's all he can do.

**DR. BUCHAN MOVED TO CONTINUE DR. BURGHARDT UNDER THE TERMS OF HIS MARCH 9, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

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GREGORY S. MASIMORE, M.D.

Dr. Masimore made his initial appearance before the Board, pursuant to the terms of his March 9, 2005 Consent Agreement.

Dr. Kumar stated that this is not Dr. Masimore's first time before the Board. One of the concerns he has is that the information presented to the Board indicates that Dr. Masimore feels that he can go out and play rugby and then on weekends he can go and drink beer. Dr. Kumar stated that Dr. Masimore needs to recognize that that is a problem. If he's going to stay sober, he can't drink alcohol at all.

Dr. Masimore stated that he doesn't drink when he plays rugby. He did only during the time where he had relapsed in 2001. During the ten years of sobriety he had, he played rugby and never drank. It wasn't an issue. He still plays rugby and doesn't drink. He hasn't had anything to drink since November when he found out that the Board feels the way it does about it. Dr. Masimore stated that his initial offense goes back to 1989, when he had two alcohol-related driving offenses. At that time he never had any treatment and he didn't understand. His initial evaluation by his residency program was negative. When he applied for his license two years later, he was put through another evaluation, but he was never made aware of the results at that point because he didn't have any treatment. He doesn't know if the evaluation was positive because he couldn't find any record of that evaluation back in 1990. At that point he'd never had any formal treatment and he stayed sober for ten years on the pretense that he was a potential alcoholic. He stated that A.A.'s premise is that, if you don't think you're an alcoholic, go ahead and try controlled drinking. He did so for almost five years. Once he did drink, he thought that there was a misdiagnosis, but the first ten years he bought into the idea that he was a potential alcoholic and didn't have any plans of ever drinking again. It was only after he drank again that he began to feel that way.

In response to Dr. Kumar's additional questions, Dr. Masimore stated that he relapsed in October 2001. He added that he doesn't have any questions about his current consent agreement.

Dr. Kumar asked what Dr. Masimore thinks it will take for him not to relapse again.

Dr. Masimore stated that the point he was trying to make before was that, when he was released in 1996, he thought that all the stipulations were over. He didn't realize that it was a lifetime process because he never had the previous education. He never had any prior formal treatment. It wasn't made clear to him that that was a lifetime deal for him at that point. He stated that he didn't have any of the signs of alcoholism with his drinking after the relapse. He thought that he was off paper with the Board and that was over with. When they showed up at his work and asked him about it, it was a total surprise to him. He admitted it. He didn't think it was a problem, or he would have denied it or had some other issues about it.

Dr. Robbins asked Dr. Masimore if he is an alcoholic.

Dr. Masimore stated that he's back to the point where he has to hold out that he's a potential alcoholic. With the additional education he's had and the evaluations, people have told him that it wouldn't be unusual for someone to go 15 years and then somewhere cross the line. He's still trying to believe that he's

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a potential alcoholic and he's just being spared the 30 years of misery that a lot of people go through. He has no problem not drinking. It's never been that big of an issue for him. When he drank during the last four years, it was one or two beers every other weekend. He played rugby on the weekends he had his daughter, but he didn't drink on the weekends he had his daughter.

Dr. Buchan asked Dr. Masimore how he follows the program if he's not clear on the diagnosis.

Dr. Masimore stated that the only requirement for A.A. membership is a desire not to drink, and that's how he got into it the first time. He calls it going in through the back door. He grew spiritually and he loved the spirituality and the fellowship. He added that he benefited greatly from the 12-step program, even though he had trouble initially accepting the idea. He came to accept the fact that maybe he was a potential alcoholic since everybody else was saying that he was. It was okay for him to act like one until a real one came along or someone else needed his chair, as they say in the program. So he stayed in the program under that premise, and he sponsored a lot of people. He ran meetings, so he was very active in helping other people and it greatly benefited his life.

Dr. Talmage noted that the minimum suspension period is up the next day. He asked whether Dr. Masimore has a job lined up.

Dr. Masimore stated that he doesn't. He stated that he hasn't been putting any feelers out, other than with some locum tenens agencies, under the idea that he wasn't sure when his license would become available. According to his attorney, it would be at the end of this month. He will meet with his attorney to get the reinstatement process started.

In response to Mr. Albert's questions, Dr. Masimore stated that he's represented by Eric Plinke. He added that, initially, he intended on fighting this with the idea that the initial diagnosis may be wrong. He stated that he thought that this was all over with.

Mr. Albert stated that he seems to have been running a good program, but he gets the feeling that Dr. Masimore hasn't accepted the fact that he does have a drinking problem. He's an alcoholic.

Dr. Masimore stated that he thinks he's a high-bottom drunk. He hasn't gone down as far as many of the others in the program have; he doesn't fit in with a lot of the other stories. He's given leads in the past, and those ten years he bought into it.

Mr. Albert asked whether alcohol is Dr. Masimore's only problem.

Dr. Masimore stated that it is.

Mr. Albert noted that Dr. Masimore was convicted for assault, and asked him about it.

Dr. Masimore stated that it was a landlord/tenant issue when he was in medical school. He'd landscaped a yard, the house was sold, and someone became the new landlord and wouldn't let him use the backyard.

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He stated that he was assaulted with a rake, but had charges filed against him.

Dr. Talmage asked whether that was considered to be alcohol-related.

Dr. Masimore stated that it wasn't.

Mr. Schmidt asked whether Dr. Masimore knows how he came to the Board's attention this time.

Dr. Masimore stated that he doesn't know.

Mr. Albert advised Dr. Masimore to work the program and stay sober, and he'll do all right.

Dr. Masimore stated that he doesn't think that he'll have any problem staying sober. He didn't have any plan of ever drinking again when he had those ten years of sobriety. When he did, he started questioning things.

**DR. BUCHAN MOVED TO CONTINUE DR. MASIMORE UNDER THE TERMS OF HIS MARCH 9, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

RICHARD S. SKOBLAR, M.D.

Dr. Skoblar made his initial appearance before the Board, pursuant to the terms of his March 9, 2005 Consent Agreement. Dr. Skoblar has also requested a change in supervising physicians.

In response to Dr. Kumar's questions, Dr. Skoblar stated that he is doing well. He did relapse, and it was a first-step issue with him. He did the 28-day program at the Cleveland Clinic. On Christmas Eve, after four months of sobriety, he thought he could take a drink. It just occurred to him that he might be able to. He is an alcoholic in that two days later he was drinking a fifth. He had two drinks Christmas Eve, one drink Christmas day, and on December 26 he drank the better part of a fifth of vodka. Dr. Skoblar stated that

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relapse is never a blessing, but that convinced him and he went to Talbot for their program. That was a life-changing experience.

In response to Mr. Albert's questions, Dr. Skoblar stated that he was at Talbot for 15 weeks. It's a wonderful program in that they treat the family; it's a family disease. They had a family week that enormously helped his relationship with his wife. She got to understand about the disease concept, and there were therapy sessions with other families. From that aspect alone, things in his marriage are better than when they were dating. He added that he's signed up for a revisit in August, and again in October. He stated that Talbot likes you to come back every three months for a while and then every six months for a while. Dr. Skoblar stated that he is as convinced that he's an alcoholic as he is about his name. That is no longer an issue for him.

Dr. Talmage noted that Dr. Skoblar won't be able to go back to work for quite a few more months. He asked what he's doing now.

Dr. Skoblar stated that he's staying busy and he's working out. Dr. Skoblar stated that he ran the first Banc One Marathon in Columbus in 1980, and he sort of stayed in shape over the years. He's rededicating himself that way. Dr. Skoblar stated that he works with a group of radiologists out of Akron General Hospital, and they would like him to do an in-house fellowship in cardiac/radiology. There would be no patient contact. He would just be going to work, reading, studying and looking over people's shoulders. This would be a way to keep himself busy and improve his skills in certain areas that the group will eventually need. He stated that he's staying active in A.A. When he was in Talbot, there was a CWRU article posted on trying to help addicted college students. His Caduceus group in Akron is thinking of trying to get something like that started. He's talked with his addictionist about trying something like that at Akron University or Kent State, as a way of staying involved, active and busy.

Dr. Skoblar continued that he was an isolated drinker, which is why you don't see a DUI on his record, but he would drink at home and isolate himself from the family. He would go to ball games when his daughters were playing, but without really participating or being active. He does a lot more family activity right now.

In response to Dr. Talmage's questions, Dr. Skoblar stated that this wouldn't be a formal fellowship in which he hopes to get involved. It's just hanging around at work. He won't be signing the readings or anything. They would like for him to be there to observe. They would also like for him to take over the QA work. He stated that when he was Department Chairman at Akron General, he ran all the QA. He'd be doing administrative work.

In response to Dr. Robbins' questions concerning why Dr. Skoblar took that first drink, Dr. Skoblar stated that his son, who is a Ph.D. neuropsychologist, finishing his training in Arkansas, was coming home for Christmas. He was heading into the Cleveland airport to pick his son up and then they would meet the rest of the family for dinner, but he was called on his cell phone and was told that the flight was canceled. His son was told that the flight was canceled because it was snowing up in Cleveland and it was too dangerous to fly in; however, Dr. Skoblar stated that the sky in Cleveland was crystal clear at the time. That's what

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got him to Talbot. He had two hours before he was supposed to meet the family. Dr. Skoblar stated that he knows he had a Step 1 issue because for four months he was sober and had no desire to drink. He wasn't living a very spiritual life, and it was in the back of his head that he could drink and he needed to test the theory. He told himself that it's stupid and he's going to get in trouble, but he did it anyway.

Dr. Skoblar stated that there was no reason to drink. He was sober and his attitudes and certain negativity and isolation were still there. Going away for the longer program has helped enormously in that arena. He drank, and then the dumb thing was that he thought that they were wrong at the Clinic because he's not back to where he was. He had two drinks, felt fine, slept well, felt good the next day. So he did it again Christmas day. He realizes it was stupid because he had to sneak the drink so no one would know. On the third day he couldn't stop after the second drink. There was an ugly scene when he was confronted by his wife, and he got verbally abusive. Dr. Skoblar stated that his wife, his ex-wife, who has 14 years of sobriety, his daughter and his attorney all showed up at his bedside on the morning of December 29 and took him up to the Clinic.

Dr. Skoblar continued that, after a couple of days at the Clinic to detox, it was recommended that he go to Talbot. He stated that at first he was against that. He had learned his lesson and would be good from here on. But they insisted that he go. Dr. Skoblar stated that it was pretty much a life-changing experience if you're serious about it.

**DR. BUCHAN MOVED TO CONTINUE DR. SKOBLAR UNDER THE TERMS OF HIS MARCH 9, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MS. SLOAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

**MR. BROWNING MOVED TO APPROVE VICTORIA L. SANELLI, M.D., TO SERVE AS DR. SKOBLAR'S NEW SUPERVISING PHYSICIAN. DR. SAXENA SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye

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Dr. Talmage	- aye
Dr. Varyani	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Saxena	- aye

The motion carried.

ALAN B. STORROW, M.D.

Dr. Storrow made his initial appearance before the Board, pursuant to the terms of his March 9, 2005 Consent Agreement.

In response to Dr. Kumar's questions, Dr. Storrow acknowledged that he had problems with alcohol and benzodiazepines. He stated that he was clean and sober for about three years. He added that he would have to echo Dr. Skoblar; it was a Step 1 issue with him and not understanding the power of addiction, and he had a relapse in December and February.

Dr. Kumar asked whether there was any actual physical need or whether Dr. Storrow was just dependent.

Dr. Storrow stated that he was dependent, there was no physical need. He was convinced at the time that it would help with his stress, and he rationalized his use by saying that his stress level was such that this would be helpful for that, but that was not a true physical need.

In response to further questions by Dr. Kumar, Dr. Storrow stated that he now has a great acceptance of Step 1. Despite all the remorse and guilt associated with relapse, he now has an understanding of the power of this disease, and he has a deeper understanding of what he needs to do to stay clean and sober. His relapse was on opiates, not alcohol.

Dr. Robbins noted that during that time, Dr. Storrow was being actively monitored by the Board. He asked whether there was something the Board could have done to help.

Dr. Storrow stated that he thinks that it does become an individual decision. The poor decision is not based upon drug screens. It has to do with the individual and not necessarily being screened. It was his fault that he didn't understand the power of addiction and not fully accepting Step 1. Dr. Storrow stated that he's grateful for the program that the Board has, and the program works; but he doesn't think it would have prevented that particular issue.

In response to further questions by Dr. Robbins, Dr. Storrow stated that his family is great, and is extremely supportive. His wife, children, extended family, colleagues and friends are all supportive of his recovery. He's been very blessed with that and knows that many people in recovery aren't so blessed.

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Mr. Browning questioned Dr. Storrow's working in emergency medicine and dealing with this.

Dr. Storrow stated that he relapsed because he made a bad decision, but he will admit that the emergency room environment, and going back to it full-time quickly, was a contributor. Dr. Storrow stated that he hasn't made a final decision, but he doesn't think that that's an environment he will return to. He's thinking about doing research full-time. He stated that he has an extensive research background. He's gotten tenure and has been published many times. He hasn't made the decision for certain, but for now he thinks that that's where he's headed.

Mr. Browning commented that there would be less stress.

Mr. Albert asked what caused Dr. Storrow's relapse.

Dr. Storrow stated that he made the bad decision of not fully accepting Step 1. There were contributing factors, such as going back to practice full-bore – Research, academics, clinical work, all the teaching involved – as soon as he did. The access to medications also contributed to his poor decision. Dr. Storrow stated that things went very well for two and a half years, and he believes he has the tools to stay in recovery.

Mr. Albert stated that Dr. Storrow would have been the last person he would have picked to relapse. He stated that he thought of Dr. Storrow as having a successful recovery.

Dr. Storrow again stated that he does believe that he has the tools, and added that he'd done very well for nearly three years.

Mr. Albert asked whether Dr. Storrow's wife is sticking with him.

Dr. Storrow stated that she is.

Dr. Talmage asked Dr. Storrow how long he was in the Bethesda program.

Dr. Storrow stated that he originally did his inpatient treatment at Glenbeigh. Then he was in the Bethesda outpatient program for two years. He didn't go into inpatient treatment on March 4. He's in the outpatient program right now.

Dr. Buchan left the meeting during the previous discussion

**DR. VARYANI MOVED TO CONTINUE DR. STORROW UNDER THE TERMS OF HIS MARCH 9, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

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VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

RICHARD ALLAN ZINNI, D.O.

Dr. Zinni made his initial appearance before the Board, pursuant to the terms of his March 9, 2005 Consent Agreement.

Dr. Talmage stated that when he and Mr. Albert first talked to Dr. Zinni, Dr. Zinni came to the conclusion that maybe the samples in his drawer were going away faster than they should. That was a sort of revelation for Dr. Zinni, who then volunteered to submit to an evaluation. He asked Dr. Zinni to comment on the process.

Dr. Zinni at this time apologized for putting himself in this position. He stated that he knows that it's the Board's job, but he's sure that it still saddens the Board that he is now a statistic. Dr. Zinni added that he appreciates the opportunity to get his life back. He knew something was wrong, but he couldn't stop. He did try to stop taking the opiates. Dr. Zinni commented that the disease is in his family. He'd quit drinking and other things he tried during college 20 years ago. He didn't think he could get addicted to opiates because a long time ago he was told that. He started taking them because he had a pinched nerve in his neck from an injury while playing sports. He thought it was okay, rationalizing that he could take them, and then it escalated because of his resistance. Dr. Zinni stated that he learned a lot at Glenbeigh, including that he does not want to go back. Also, the drug told his body that he needed more, so he needed more, because it escalated his pain. Dr. Zinni stated that he's learned a lot about himself. He's powerless over alcohol and drugs. He can't take anything that's mind-altering. He's also learned that his behavior contributes. He considers himself a workaholic, and has worked since he was nine years old, when he had two paper routes. He enjoys working. He enjoyed his job, but he ended up working 90 to 100 hours a week, and he forgot about himself and he didn't know his children.

Dr. Egner asked Dr. Zinni how he's spending his time now.

Dr. Zinni stated that he spends his time now with his children. He has a 14-year old and a 7-year old, and he didn't even know his 7-year old. He worked all the time. He thought it was okay to work, he liked helping people. Dr. Zinni stated that he also forgot about God, and God was first in his life. When God was first, he didn't do anything. He went to church, participated in church activities. Before his 7-year old was born, he was utilizing his time in the order of God, family and work, and then it just escalated. He

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always worked hard, but he was always able to have time for God and his family, and he didn't. Now it's about him, but he can't take care of anyone else if he doesn't take care of himself. Dr. Zinni stated that he knew that before, but he forgot it.

Dr. Talmage stated that there was an issue with the way Dr. Zinni gave pain medications to his patients. He described it as pouring hydrocodone in a paper bag and handing it to the patients. Dr. Talmage stated that he thinks that they all recognized on that day that that was not the proper way to prescribe. He asked whether that was part of the addiction, and whether Dr. Zinni was giving the drugs out that way so that he could cover up the fact that he was using most of them.

Dr. Zinni stated that he believes that, when he started, when he was giving the actual samples in the unit doses, it wasn't. That was several years ago. When that stopped and he was able to get the drugs through a wholesaler, he thought that that was okay. Looking back it was probably the behavior of his disease. He wouldn't give any more than the allotted dose to his patients, and he documented it on their charts, but then he started taking them when his pain escalated and the disease escalated. It's part of the behavioral pattern of the disease that he has. He was definitely powerless, his life was unmanageable.

Dr. Talmage asked Dr. Zinni whether he will practice differently when he returns to practice.

Dr. Zinni stated that he will absolutely. First of all, he's not going to give out drugs. He commented that it was slowing down anyway because he was taking the drugs.

Mr. Albert commented that when he and Dr. Talmage first met with Dr. Zinni, Dr. Zinni was buying these drugs in bulk. Everyone was leaving his office with a goody bag. Mr. Albert stated that Dr. Zinni had himself in mind as much as he had his patients in mind. Mr. Albert stated that they had a hard time getting Dr. Zinni to give it up, and finally he told them why. Mr. Albert stated that he thinks that the pinched nerve was an excuse.

Dr. Zinni agreed.

Dr. Talmage urged Dr. Zinni to read and reread his consent agreement, advising that he needs to be very cognizant of the terms.

Dr. Zinni stated that he's read the agreement several times, but to him it is confusing at times. He stated that he thought that it was a standard agreement.

Dr. Talmage stated that, depending on the drug and individual circumstances, the agreement is modified, but 90% of the agreement is very similar to those held with other practitioners in the same situation.

Dr. Zinni stated that one thing was that he must notify certain individuals of his agreement, but he felt that it was vague as to whom he should tell. He told those he thought he should tell. There's a lot of stuff in letters he's been getting that indicate that others, such as insurance companies with whom he has a provider contract, have also found out somehow.

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Mr. Schmidt stated that he and Ms. Bickers would be happy to answer any questions Dr. Zinni might have.

Dr. Robbins asked Dr. Zinni what he does for fun.

Dr. Zinni stated that he spends time with his family. He used to play a lot of golf. When he got home from treatment, his wife and his older daughter went on a school retreat, and that allowed him five days with his 7-year old. Dr. Zinni stated that he did things he hadn't done in 30 years, such as ice skating, bike riding, fishing. He stated that he couldn't get any more joy. He added that he's been working in the yard. All these years he had a landscaper. But he's bought a tractor and works outside. He loves being outside and doing things he never did. Dr. Zinni stated that he's learning about himself, but it's a heck of a route to take. He added that he appreciates the opportunity. He's anxious to get back to work, but he enjoys what he's doing right now.

Mr. Albert suggested that Dr. Zinni forget about working those 70-80 hour work weeks.

Dr. Zinni stated that he will have to work on that, but he could promise that he would. He's already talked to some individuals of the group practice that took over his practice, as well as the head of University Hospitals, and they've been excellent in transferring his patients to others and working out the liability on his charts. Dr. Zinni stated that he thanks God for that opportunity because they could have said, "no," to him. He's praying that he can go into that group, which will force him not to do those hours.

**DR. VARYANI MOVED TO CONTINUE DR. ZINNI UNDER THE TERMS OF HIS MARCH 9, 2005 CONSENT AGREEMENT, WITH FUTURE APPEARANCES BEFORE THE BOARD SECRETARY OR DESIGNEE. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

**MR. BROWNING MOVED TO ADJOURN. DR. TALMAGE SECONDED THE MOTION.** All members voted aye. The motion carried.

Thereupon at 3:45 p.m. the June 8, 2005 session of the State Medical Board of Ohio was duly adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio,

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meeting on June 8, 2005, as approved on July 13, 2005.



Andrew F. Robbins, M.D., Vice-President



Lance A. Talmage, M.D., Secretary

(SEAL)



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**MINUTES**

**THE STATE MEDICAL BOARD OF OHIO**

**June 9, 2005**

Andrew F. Robbins, Jr., M.D., Vice-President, called the meeting to order at 8:07 a.m., at the Vern Riffe Center for Government and the Arts, 77 S. High St., Columbus, Ohio 43215, Room #1932, with the following members present: Lance A. Talmage, M.D., Secretary; Raymond J. Albert, Supervising Member; Carol L. Egner, M.D.; Nandlal Varyani, M.D.; David S. Buchan, D.P.M.; Deepak Kumar, M.D.; R. Gregory Browning, Ph.D.; Anquenette Sloan; and Kamala Saxena, M.D. The following did not attend the meeting: Patricia J. Davidson, M.D., President, and Anita M. Steinbergh, D.O.

Also present were: Richard A. Whitehouse, Executive Director; William J. Schmidt, Assistant Executive Director; Diann K. Thompson, Assistant Executive Director; Terrill D. McLaughlin, Assistant Director, Investigations; Lori S. Gilbert, Chief Enforcement Attorney; Sallie J. Debolt, Enforcement Attorney; Rebecca J. Albers, Assistant Attorney General; Eileen M. Schmidt, Executive Assistant to the Director; Joan K. Wehrle, Coordinator for Assessment and Development; Danielle Bickers, Compliance Officer; Barbara Jacobs, Public Services Administrator.

**LICENSURE & PROBATIONARY REPORT CONSENT AGENDA**

Dr. Robbins advised that at this time he would like the Board to consider the probationary reports, the probationary requests, and the licensure applications on today's agenda. Dr. Robbins asked whether any Board member wished to consider either an application for licensure or a probationary report or request separately. He noted that all probationers are in compliance.

Dr. Kumar stated that he would like to extract the P.A. Utilization Plan of Nephrology Associates of Dayton, Inc. from the consent agenda.

**DR. KUMAR MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF CONFERENCES WITH: MOHAMMAD A. ADAS, M.D.; MARK L. ALLEN, M.D.; CRAIG L. BIERER, D.O.; MARK E. BLAIR, M.D.; ROBERT R. BRIGHTWELL, D.O.; MARK D. BALDWIN, D.O.; KEVIN R. CLARK, M.D.; JAMES E. FLEMING, M.D.; MARK S. FLEMING, M.D.; DONALD B. FORD, M.D.; DARRELL A. HALL, M.D.; DAVID C. HANES, D.O.; RYAN P. HANSON, M.D.; PAUL F. HEYSE, M.D.; JEFFREY T. JONES, P.A.; MELANIE E. JUNGBLUT, M.D.; ANTHONY W. KITCHEN, M.D.; LARRY J. LITTLE, M.D.; ROBERT E. MARSICO, JR., M.D.; TERRENCE F. MCCOY, M.D.; JAMES M. MCGINNIS, DO MICHAEL S. MCINTOSH, M.D.; MICHAEL J. O'BRIEN PAUL E. PANCOAST, M.D.; ROBERT S. REEVES, JR., M.D.; LAWRENCE B. ROTHSTEIN, M.D.; AHMAD SHAHAMAT, M.D.; DAVID P. SPEARS, D.O.; TOM R. STARR, M.D.; JEFFREY W. WINHOLT, M.D.; DR. KUMAR FURTHER MOVED TO ACCEPT THE COMPLIANCE STAFF'S REPORTS OF**

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**CONFERENCES AND TO APPROVE THE SECRETARY AND SUPERVISING MEMBER'S RECOMMENDATIONS CONCERNING THE REQUESTS OF: DAVID J. LEVY, M.D.; CAROL E. LEWIS, M.D.; GEORGE A. SOUTHIERE, JR., M.D.; DR. KUMAR FURTHER MOVED TO APPROVE FOR LICENSURE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS, THE P.A. APPLICANTS LISTED IN EXHIBIT "A", AND THE P.A. UTILIZATION PLANS SUBMITTED BY THE FOLLOWING: DOMINIC FERRERA, M.D.; GREAT LAKES PHYSICIANS, LLC; GREENFIELD FAMILY PRACTICE; LIFESPAN WOMEN'S HEALTH CARE; AND NORTHEAST OHIO CORRECTIONAL INSTITUTE. MS. SLOAN SECONDED THE MOTION. A vote was taken:**

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

NEPHROLOGY ASSOCIATES OF DAYTON, INC.

Dr. Kumar noted that this is a standard P.A. Utilization Plan. He noted that the application indicates that the P.A. will see up to 75 patients per day. They were advised that the Board routinely approves the P.A. to see 25 patients per day. Dr. Kumar stated that he wants to clarify how many people the P.A. will see each day, and under what conditions.

Dr. Talmage stated that Ms. Hacker had made him aware of this application. He noted that this group did not specify what the P.A.'s duties would be. He noted that the Board traditionally approves the P.A. to see no more than 25 per day, but this is not a rule of any kind. He agreed, however, that this application should be tabled until the group explains what the P.A.'s duties will be and whether they constitute no more than five minutes per patient.

**DR. KUMAR MOVED TO TABLE NEPHROLOGY ASSOCIATES OF DAYTON, INC.'S P.A. UTILIZATION PLAN UNTIL THEY PROVIDE INFORMATION CONCERNING THE P.A.'S DUTIES. DR. TALMAGE SECONDED THE MOTION. A vote was taken:**

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye

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Dr. Varyani	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Saxena	- aye

The motion carried.

PROBATIONARY REQUESTS

MICHAEL TODD ADAMS, M.D.

Dr. Adams' request for approval of a supervising physician was presented to the Board for consideration at this time.

**DR. KUMAR MOVED TO APPROVE DANIEL RAY GASKIN, M.D., TO SERVE AS DR. ADAMS' SUPERVISING PHYSICIAN. DR. BUCHAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

MARK L. ALLEN, M.D.

Dr. Allen's request for approval of a supervising physician was presented to the Board for consideration at this time.

**DR. KUMAR MOVED TO APPROVE JEROME B. YOKIEL, M.D., TO SERVE AS DR. ALLEN'S SUPERVISING PHYSICIAN. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye

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Dr. Varyani	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Saxena	- aye

The motion carried.

STEPHEN R. GIORDANO, D.O.

Dr. Giordano's request for approval of a supervising physician was presented to the Board for consideration at this time.

**DR. BUCHAN MOVED TO APPROVE GREGORY C. COLLINS, M.D., TO SERVE AS DR. GIORDANO'S SUPERVISING PHYSICIAN. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

PHILLIP THIELE NORTH, M.D.

Dr. North's request for approval of a treating psychiatrist was presented to the Board for consideration at this time.

**MR. BROWNING MOVED TO APPROVE MARK S. FETTMAN, M.D., TO SERVE AS DR. NORTH'S TREATING PSYCHIATRIST. DR. KUMAR SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye

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Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Saxena	- aye

The motion carried.

JOANNE POJE, M.D.

Dr. Poje's request for approval of a treating psychiatrist was presented to the Board for consideration at this time.

**DR. KUMAR MOVED TO APPROVE ANNE M. MILLER, D.O., TO SERVE AS DR. POJE'S NEW TREATING PSYCHIATRIST. DR. SAXENA SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

REINSTATEMENT REQUESTS

MARK L. ALLEN, M.D.

Dr. Allen's request for reinstatement of his license to practice medicine and surgery, which was suspended by Board Order of April 13, 2005, was presented to the Board for consideration at this time.

**DR. KUMAR MOVED TO APPROVE DR. ALLEN'S APPLICATION FOR REINSTATEMENT, SUBJECT TO THE PROBATIONARY TERMS OF THE APRIL 13, 2005 BOARD ORDER. DR. BUCHAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye

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Dr. Varyani	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Saxena	- aye

The motion carried.

ABDULHASSIB RASLAN, M.D.

Dr. Raslan's request for approval of a post-graduate course in obstetrics was presented to the Board for consideration at this time.

**MR. BROWNING MOVED TO APPROVE THE OSLER INSTITUTE'S COURSE, *OBSTETRICS AND GYNECOLOGY BOARD REVIEW COURSE*, AS SATISFYING THE REQUIREMENTS OF PARAGRAPH (B)(2) OF THE BOARD'S ORDER OF NOVEMBER 13, 2003. DR. SAXENA SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

PHILLIP T. NORTH, M.D.

Dr. North's request for approval of an assessing psychiatrist was presented to the Board for consideration at this time.

**DR. KUMAR MOVED TO APPROVE MARK S. FETTMAN, M.D., TO PERFORM THE PSYCHIATRIC ASSESSMENT REQUIRED BY PARAGRAPH 10(B)(iv) OF DR. NORTH'S FEBRUARY 9, 2005 CONSENT AGREEMENT. MR. BROWNING SECONDED THE MOTION.**

A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye

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Dr. Talmage	- aye
Dr. Varyani	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Saxena	- aye

The motion carried.

#### LICENSURE

##### RECONSTRUCTIVE ORTHOPAEDICS, INC. – SUPPLEMENTAL P.A. UTILIZATION PLAN

The above-captioned supplemental P.A. Utilization Plan was initially presented to the Board at its May 18, 2005 meeting. At that time the Board tabled the Plan and asked the applicants to resubmit their applications to be consistent with the consent agreements with the Cleveland Clinic Department of Orthopedic Surgery and with John A. Michalski, M.D., which were ratified by the Board in May. The group subsequently refiled a plan for the P.A.s to perform the following duties, consistent with the requirements contained in the May 18 Consent Agreements: knee joint injections; arthrocentesis of the knee; and aspiration of the knee.

**DR. KUMAR MOVED TO APPROVE, PURSUANT TO THEIR LETTER OF AGREEMENT, RECEIVED IN THE BOARD OFFICES ON MAY 25, 2005 (A COPY OF WHICH SHALL BE MAINTAINED IN THE EXHIBITS SECTION OF THIS JOURNAL), RECONSTRUCTIVE ORTHOPAEDICS, INC.'S SUPPLEMENTAL P.A. UTILIZATION PLAN FOR THE FOLLOWING PROCEDURES: KNEE JOINT INJECTIONS, ARTHROCENTESIS OF THE KNEE; AND ASPIRATION OF THE KNEE. DR. VARYANI SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

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PHYSICIAN APPLICANTS

**DR. BUCHAN MOVED TO APPROVE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS, THE PHYSICIAN APPLICANTS LISTED IN EXHIBIT "B." MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

P.A. APPLICANTS

**DR. KUMAR MOVED TO APPROVE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS, THE PHYSICIAN ASSISTANT APPLICANTS LISTED IN EXHIBIT "C." MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

EVERCARE - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

**DR. EGNER MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED**

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**BY EVERCARE, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

PUBLIC SAFETY MEDICAL SERVICES - P.A. UTILIZATION PLAN

The above-captioned's P.A. Utilization Plan was presented to the Board for consideration at this time.

**DR. BUCHAN MOVED TO APPROVE THE STANDARD P.A. UTILIZATION PLAN SUBMITTED BY PUBLIC SAFETY MEDICAL SERVICES, CONTINGENT UPON ALL REQUESTED DOCUMENTS BEING RECEIVED AND APPROVED IN ACCEPTANCE WITH LICENSURE PROTOCOLS. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

RATIFICATION OF CONSENT AGREEMENTS

Dr. Robbins at this time took the above-captioned topic off the table.

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PHILLIP THIELE NORTH, M.D.

**MR. BROWNING MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. NORTH. DR. BUCHAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

#### REPORTS OF ASSIGNED COMMITTEES

##### QUALITY ASSURANCE COMMITTEE

Dr. Robbins stated that the Committee reviewed a chart summarizing the complaints closed by the Secretary and Supervising Member as no action warranted. He added that the staff will work on providing the Committee with additional complaint processing statistics in the future.

Dr. Talmage stated that he and Mr. Albert appreciate the Committee's review. He stated that it's good to have their decisions reviewed.

Dr. Robbins commented that he finds the review to be interesting and very educational.

##### LEGISLATIVE LIAISON & RULES COMMITTEE

Mr. Browning advised that the Legislature is currently focused on the budget passed by the House and Senate. The Conference Committee starts its work today. Both the House and the Senate have kept the Medical Board an independent board. It appears that will carry forward.

Mr. Browning referred the Board to the written legislative report, a copy of which shall be maintained in the exhibits section of this journal.

At this time Dr. Robbins announced that Dr. Davidson has appointed Dr. Varyani to Group 1, as Chair of the Prescribing Committee. Dr. Davidson will now chair the Education, Public Relations & Risk Management Committee. Dr. Davidson has also appointed Dr. Saxena to Group 2, as Chair of the Consent Agreement Committee. Dr. Steinbergh will now chair the Scope of Practice Committee.

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LICENSURE COMMITTEE

Dr. Robbins stated that the Committee reviewed a request for accommodations under the ADA, submitted by Diana Lee Kerestman, M.T. Applicant. Ms. Kerestman has been diagnosed with Bipolar II Disorder and borderline Personality Disorder. She has requested extended testing time and a separate testing area.

Dr. Robbins stated that, after reviewing documentation submitted by Ms. Kerestman, the Committee recommends granting her requests.

**MR. ALBERT MOVED TO GRANT MS. KERESTMAN'S REQUEST FOR EXTENDED TESTING TIME OF TIME AND A HALF, AND A SEPARATE TESTING AREA, FOR THE JUNE 2005 MASSAGE THERAPY EXAMINATION. DR. SAXENA SECONDED THE MOTION.**

A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

Dr. Robbins stated that the Committee also discussed the issue of finding equivalency for physicians who have not completed the statutorily required training. He advised that Ms. Rieve has compiled information concerning the last 15 applicants considered by the Board. He added that this is a work in progress, and the Committee hopes to come up with a flow sheet to help guide the Board through the process. The Committee is also in the process of contacting the Federation and other state medical boards to determine how they find equivalency.

Dr. Robbins noted that the previous day the Board withdrew a Finding, Order and Journal Entry in the Matter of Brooke Marie Lowry, M.D. He noted that Dr. Lowry had previously been approved for licensure, subject to her passing the SPEX or her recertification examination, as she had not practiced medicine since August 2002. The Board has subsequently been advised that Dr. Lowry is not eligible to sit for either examination as she has never been licensed to practice medicine. Dr. Robbins stated that the Committee would like to recommend that she take an extended six months of training in internal medicine in the Department in which she previously trained in lieu of her passing the SPEX.

Mr. Albert asked whether there is any easier way to do this.

Dr. Robbins stated that he would certainly welcome any other ideas.

Dr. Egner asked whether she finished her residency.

Dr. Robbins stated that she did finish her residency in 2002.

Dr. Varyani stated that she never applied for a license.

Mr. Albert noted that she got 87 on her Step 3 USMLE.

Dr. Buchan stated that it's his understanding that requiring a physician to prove competency after being out of practice for two years isn't a rule. He asked whether that is correct. He stated that if this is a person worthy of licensure, it seems reasonable that she do a miniresidency shorter than six months. He stated that he's not sure that's necessary. He stated that he thinks a six-week miniresidency with a letter from her program director would be adequate.

Mr. Albert stated that the SPEX isn't mandatory. He asked whether the Board could accept her three years of residency as equivalent.

Dr. Buchan stated that he thinks that if Dr. Lowry is current with her C.M.E., and if she does a miniresidency with a letter of recommendation from her program director, the Board can consider granting her a license.

Mr. Whitehouse stated that Ms. Albers has advised that the use of the word, "may," in the statute obviously gives the Board some flexibility. The question then comes down to whether the interim period has had an effect on the physician's ability to practice.

Dr. Talmage suggested asking Dr. Lowry's program director to give Dr. Lowry an oral examination to evaluate her fitness to return to practice, and to evaluate the C.M.E. she has done over the past two and a half years. He stated that he would include in that review the titles of the C.M.E. courses, to determine if there is a broad spectrum of education. The Board could reconsider this application further after that material is received.

Dr. Robbins asked what the Board does if she doesn't have any C.M.E.

Ms. Rieve stated that she will contact Dr. Lowry to find out what she's done.

Dr. Talmage stated that, if she doesn't have any C.M.E., it falls strictly on that oral exam.

Dr. Kumar asked whether the Clinical Skills Exam (CSE) is only to be given as part of the USMLE, or can be taken anytime.

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Dr. Talmage stated that the CSE is administered after the second year, or for a foreign medical graduate applying here. He stated that that would cost Dr. Lowry a couple thousand dollars.

Dr. Robbins stated that she graduated prior to the CSE administration.

Dr. Kumar stated that he is suggesting that the Board might require her to pass the CSE for licensure.

Dr. Talmage stated that the CSE looks at different things. It doesn't look at factual knowledge as much as it looks at the physician's ability to relate to a patient, extract information and make a logical conclusion. There are some personal skills as well as clinical skills in that. Dr. Talmage stated that an internist giving Dr. Lowry an oral exam would be more comprehensive from a knowledge base.

Dr. Varyani stated that, if the program director really thinks highly of her and he's going out on a limb, he's happy with that.

Mr. Albert suggested granting Dr. Lowry a license, allowing her to take the SPEX. He stated that she's going to pass it.

Dr. Buchan stated that, knowing what residents know after their third year, this physician will probably be very current and very up-to-date. This isn't someone who's been out of practice twenty years. This is an individual who just needs to get back and engaged. She's requesting that of the Board. With a letter and some C.M.E. documentation, he thinks that she should be licensed.

**DR. BUCHAN MOVED TO REQUEST DR. LOWRY TO ASK HER PROGRAM DIRECTOR TO VERIFY HER FITNESS TO PRACTICE AND DOCUMENTATION OF C.M.E. IN A LETTER TO THE BOARD. MR. BROWNING SECONDED THE MOTION.**

Dr. Varyani asked why she would do C.M.E. if she's been out of medicine. He suggested that if the Board really wants to help her out, he would be all right with the program director taking her under his wing for six weeks.

Dr. Buchan stated that the Board wants her to make her case.

Dr. Kumar stated that Ohio requires C.M.E. for every other physician who has a license. If the Board eliminates that, it's really lowering the bar.

Dr. Robbins suggested waiting to see the response to the Board's request.

A vote was taken on Dr. Buchan's motion:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye

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Dr. Varyani	- aye
Dr. Buchan	- aye
Dr. Kumar	- aye
Mr. Browning	- aye
Ms. Sloan	- aye
Dr. Saxena	- aye

The motion carried.

#### PRESCRIBING COMMITTEE

Dr. Robbins stated that the terms of two of the Board-appointed members to the Nursing Board's Committee on Prescriptive Governance (CPG) expire in June. He stated that Michael T. Gyves, M.D., whose current term expires this month, has expressed a willingness to continue to serve; however, John M. Jonesco, D.O., no longer wishes to serve. He added that Dr. Davidson, who has been the Board representative on the CPG, is recommending that, since Dr. Jonesco was an osteopathic physician, his replacement should be the O.O.A.'s nominee, Deborah L. Cole-Sedivy, D.O., FAAFP.

Dr. Robbins added that, since Dr. Varyani has replaced Dr. Davidson as Chair of the Prescribing Committee, Dr. Davidson has appointed him to replace her on the CPG as well.

**MR. BROWNING MOVED TO APPOINT NANDLAL VARYANI, M.D., AND DEBORAH L. COLE-SEDIVY, D.O., AND TO REAPPOINT MICHAEL T. GYVES, M.D. TO THE COMMITTEE ON PRESCRIPTIVE GOVERNANCE. DR. KUMAR SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

#### P.A. COMMITTEE

Dr. Talmage stated that the Committee reviewed supplemental plans submitted by three groups.

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Radiology Associates of Canton

Dr. Talmage stated that the above-captioned has requested approval for their P.A.s to perform paracentesis, and to perform thoracentesis of adults under ultrasound guidance. The Committee recommends denial of these requests, noting that these are dynamic studies in that the lung and intestine are in constant motion and the risk of complications and dire consequences is too high; only physicians should perform these tasks.

**DR. TALMAGE MOVED TO DENY RADIOLOGY ASSOCIATES OF CANTON'S REQUEST FOR THEIR P.A.S TO PERFORM PARACENTESIS AND THORACENTESIS OF ADULTS UNDER ULTRASOUND GUIDANCE ON THE BASIS THAT THESE ARE DYNAMIC STUDIES WITH A HIGH RISK OF COMPLICATION AND DIRE CONSEQUENCES AND SHOULD BE PERFORMED BY A PHYSICIAN. MR. BROWNING SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

University Hospital Burn Surgery

Dr. Talmage stated that the Committee recommends approval of all requests but the third.

**DR. TALMAGE MOVED TO APPROVE UNIVERSITY HOSPITAL BURN SURGERY'S REQUESTS FOR THEIR P.A.S TO PERFORM: REMOVAL OF CHEST TUBES, IN A HOSPITAL SETTING, UTILIZING 100% ONSITE SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM 25 PROCEDURES TO DETERMINE COMPETENCY; REMOVAL OF SWAN GANZ CATHETER, IN A HOSPITAL SETTING, UTILIZING 100% ONSITE SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM 25 PROCEDURES TO DETERMINE COMPETENCY; CHANGE OF TRACHEOSTOMY MORE THAN 72 HOURS AFTER PLACEMENT, IN A HOSPITAL SETTING, UTILIZING 100% DIRECT SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM 25 PROCEDURES TO DETERMINE**

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**COMPETENCY; EMERGENCY INSERTION OF CHEST TUBES, IN A HOSPITAL SETTING, UTILIZING 100% DIRECT SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM 25 PROCEDURES TO DETERMINE COMPETENCY; AND INSERTION OF CENTRAL VENOUS CATHETERS, IN A HOSPITAL SETTING, UTILIZING 100% ONSITE SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM 25 PROCEDURES TO DETERMINE COMPETENCY. DR. KUMAR SECONDED THE MOTION. A vote was taken:**

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

Dr. Talmage stated that the Group also asked for approval for their P.A.s to perform insertion of radial arterial lines. The Committee recommends approval only on adults and children over 12 years of age. The Committee's concern is that, because of the caliber of the artery in a younger child, it is a more difficult procedure.

**DR. TALMAGE MOVED TO APPROVE UNIVERY HOSPITAL BURN SURGERY'S REQUEST FOR ITS P.A.S TO INSERT RADIAL ARTERIAL LINES IN ADULTS AND CHILDREN OVER 12 YEARS OF AGE ONLY, IN A HOSPITAL SETTING, UTILIZING 100% DIRECT SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM 25 PROCEDURES TO DETERMINE COMPETENCY. DR. SAXENA SECONDED THE MOTION. A vote was taken:**

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

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The motion carried.

Joyesh Raj, M.D.

Dr. Talmage advised that the Committee recommends approval of Dr. Raj's request with the modification that it will be done with 100% on-site supervision, which is consistent with other such requests the Board has approved.

**DR. TALMAGE MOVED TO APPROVE DR. RAJ'S REQUEST FOR HIS P.A. TO PERFORM SCLEROTHERAPY FOR COSMETIC PURPOSES, IN AN OFFICE SETTING, UTILIZING 100% ONSITE SUPERVISION WITH THE P.A. OBSERVING THE PHYSICIAN PERFORM 25 PROCEDURES AND THE PHYSICIAN OBSERVING THE P.A. PERFORM 25 PROCEDURES TO DETERMINE COMPETENCY. DR. KUMAR SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Saxena	- aye

The motion carried.

At this time, Dr. Robbins acknowledged Ms. Albers' announcement that she will be leaving the Health and Human Services section of the Attorney General's office, and would no longer be representing the Board. He thanked Ms. Albers for her service to the Board over the years. The Board acknowledged Ms. Albers with applause.

#### EXECUTIVE SESSION

**MR. BROWNING MOVED THAT THE BOARD DECLARE EXECUTIVE SESSION TO DISCUSS THE EMPLOYMENT OF A PUBLIC EMPLOYEE. DR. BUCHAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Kumar	- aye

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Mr. Browning - aye  
Ms. Sloan - aye  
Dr. Saxena - aye

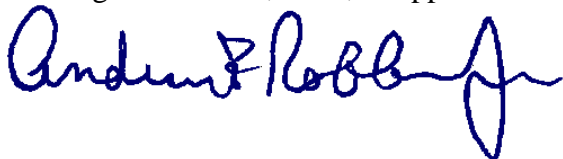
The motion carried.

Pursuant to Sections 121.22(G)(1), Revised Code, the Board went into executive session.

**MR. ALBERT MOVED TO ADJOURN. MR. BROWNING SECONDED THE MOTION.** All members voted aye. The motion carried.

Thereupon at 10:36 a.m. on June 9, 2005, the June 8-9, 2005 meeting of the State Medical Board of Ohio was duly adjourned.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio, meeting on June 8-9, 2005, as approved on July 13, 2005.



Andrew F. Robbins, M.D., Vice-President



Lance A. Talmage, M.D., Secretary

(SEAL)

